

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

[illegible]

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						
2	/						
3	2						
4	/						
5	/						
6	/						
7	/						
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42	/						
43	/						
44	/						
45	/						
46	/						
47	/						
48	/						
49	/						
50	/						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

10/15

FILING DATE

5-145

I

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[illegible]

1621  
2016

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09/079324

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	113 minus 20 = *	93
INDEPENDENT CLAIMS	16 minus 3 = *	13
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	395.00
x\$11=	1023
x41=	533
+135=	
TOTAL	1951

OR

OR

OR

OR

OR

OR

RATE	FEE
	790.00
x\$22=	2046
x82=	1066
+270=	270
TOTAL	4172

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.